

V. S. No. 2
50M-5-42
R. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10975

State File No.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 26

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

74
2

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Golda Fontell Blanchard

3. (b) If veteran, name war.

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Loy Blanchard

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: Feb. 25 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 18
If less than one day hr. min.

9. Birthplace Clearmont Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Wm. H. Hoy

12. Name Wm. H. Hoy

13. Birthplace East Orange N.J.
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Clayton
(City, town, or county) (State or foreign country)

15. Birthplace Galesburg Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Loy Blanchard

(b) Address Clearmont Mo.

17. (a) burial (b) Date thereof Mar. 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) March 18, 1943 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Clearmont Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles N.E.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/15/43 day 15 year 1943 hour 15 minute 15 M.

21. I hereby certify that I attended the deceased from Mar 15 1943 to 3/15 1943

that I last saw her alive on 3/15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Symptomatic Leukemia

Duration 6 mo.

Due to

Due to

Other conditions 74a
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury

23. Signature D. J. Byham (M: D: or other) MD

Address Maryville Mo Date signed 3/16/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Clem M. Price*

Licensed Embalmer No..... *1822*

P. O. Address..... *Mayville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.